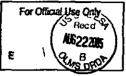
U.S Department of Labor Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



DEAD THE INCTOLLCTIONS CAPETILL I VIDEODE DOEDADING THIS DEDOOT

E READ THE INSTRUCTIONS CAREFUL	LI BEFORE PREPARAGO THIS REPORT		
1 File Number U	2 Fiscal Year Covered From		
3 Name and address of person filing	4 Name file number and address of tabor organization		
Name Louis CHOGHI	Name TEAM STERS LOCAL UNION # 945		
	Labor Organization File Number 015382		
PO Box, Bldg Room No If any	=PO Box-Building and Room Number If any		
Street 514 Southridge woods BLUD,	Street S & S HAM BURG TUCNPIKE		
Cay Mormouth Jel.	CHY WAYNE CONTRACTOR OF THE STATE OF THE STA		
State New Jersey ZIP Code +4 08852	State New Jersey 12 ZIP Code+4 07470		
5 Position in labor organization Recording Secretary			
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name if any)	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a Nature of Interest Transaction or Income		
Name	None		
	7 b Amount		
I Ctroot!			
Street			
Cuty	- O		
	- 0		
Cuty ZIP Code + 4 ZIP Code + 4	iature		
State ZIP Code + 4 Sign Sign 15 Signature and verification. The undersigned declares under penalty of	Perjury and other applicable penalties of the law that all of the information ring documents) has been examined by the signatory and is to the best of the		

Name of Person Filling Louis CuoGHI		File Number U-	
B Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to or otherwise	5	
8 Name and address of Business (including trade name if any) Name A A A A A A A A A A A A A A A A A A A	9 Business deals with a Labor Organizat b Trust c. Employer	tion	
City Today State Zip Code + 4 To a Today State			
10 If 9.b or 9 c is checked give trust or employer's name Name A	11 a Nature of such deali	N F	
Street City 1	11 b Approximate dollar value 12 a. Nature of interest held		~ -0- ,
State ZIP Code + 4 Line State		Nono	
	12 b Amount		~ · · ·
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			, , ,
Trade Name if any			
PO Box Bidg Room No of any			
Street			
State ZIP Code + 4	Non	16	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		